



PATIENT CENTERED  
MEDICAL HOMES

# Maryland's Patient Centered Medical Home Program

**Maryland Quality and Cost Council**

**Update**

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# Achievements in the last 6 months

1. **February – 51 Practices reported quality measures**
2. **March – 52 Practices achieved NCQA recognition with two-thirds of all practices achieving Level II or Level III recognition.**
3. **January- June -- stage 1 of the evaluation is underway**
  - ✓ **Quality and utilization measures are identified**
  - ✓ **Data requests have been formulated**
  - ✓ **Provider and patient surveys have been drafted**
  - ✓ **Providers have been selected for key informant interviews**
4. **Payment Methodology has been tested on 2009-2010 private claims data.**

# Priorities for the Next Six Months

1. Engage MMPP Advisory Panel in considering how reductions in health care inequalities can be incorporated into Shared Savings.
2. Cycle 3 Attribution Payments are due in July.
3. Calculate shared savings for 2011 – First year of the program – August/September
4. Process for calculating shared savings is in development
  - ✓ Commercial carriers methodology has been finalized
  - ✓ Methodology for the MCOs will differ in significant ways
    - MCOs will submit claims data to MHCC (if possible) for shared savings calculations and program evaluation
5. Continue to engage Medicare and seek its active participation as a payer.
6. Broaden support and engagement of partners in the Maryland Learning Collaborative, e.g., MHA.
7. Implement SB 954 -- Medical Records - Enhancement or Coordination of Patient Care.

# Legislative Changes to Further MMPP Practices

## SB 954 -- Medical Records - Enhancement or Coordination of Patient Care

**Providers – Additions to the Health-General article permit disclosures of medical records**

- ✓ **Disclosures without patient consent to a carrier for the sole purpose of enhancing or coordinating patient care.**
  - Additional protections remain for mental health records.
  - Disclosure must be consistent with applicable federal laws.
  - Cannot be used for utilization review or underwriting
- ✓ **Practices that disclose must provide a notice to patients.**
  - HIPAA-like disclosure – information to be shared and purposes of the sharing
  - Patient must have an opportunity to opt-out.
- ✓ **Requires that information shared through a health information exchange also comply with any additional requirements that will apply to exchanges under Maryland law.**

## **SB 954 -- Medical Records - Enhancement or Coordination of Patient Care (continued)**

**PAYERS – Additions to the Insurance article permit disclosures of medical records/claims:**

- ✓ **For calculating financial incentives**
- ✓ **To the insured's treating providers for the sole purposes of enhancing or coordinating patient care or assisting the treating providers' clinical decision making.**

### **Limitations**

- ✓ **Mental health records are subject to special limitation**
- ✓ **Must be released in conformance with HIPAA**
- ✓ **Must provide a notice to patient and include an option to opt-out.**

## **SB 954 -- Medical Records - Enhancement or Coordination of Patient Care (continued)**

### **Next Steps**

- ✓ **Consider operational needs of practices**
  - **Timeliness**
  - **Meaningful use and specificity – i.e., flag patients in need of care management**
  - **Technical tradeoffs – consistent interfaces across carriers, piping data through the HIE and/or integration with an EHR**
- ✓ **Operational trade-offs – common interface versus enriched data from some carriers**
- ✓ **Convene meetings with carriers**
  - **Examine implementation plans**
  - **Consider common interface/client**
  - **Consider implementation issues and concerns from carrier perspectives**
- ✓ **Law becomes effective 10/1/2012**

